

Health Equity Best Practice Advisory

Funding

The Helmsley Charitable Trust and JDRF

Center Funding

\$40,000 per center/per year

Recruitment

3 Adult T1DX-QI Centers and 3 T1DX-QI Pediatric Centers

Principle Investigators

Risa Wolf, MD – The Johns Hopkins Hospital Pediatric

Osagie Ebekozien, MD, MPH, CPHQ – T1D Exchange

Nestoras Mathioudakis, MD, MHS – The Johns Hopkins Hospital Adult

Estimated Time Commitment

-5% FTE PI time

-10% FTE QI Coordinator time

- 100 - 200 hours estimated IT Time

Project Aims

Aim 1: To develop and implement an EMR-based clinical decision support tool, using stakeholder feedback, to standardize prescribing and documentation of Advanced Diabetes Technologies (ADTs) (CGM, insulin pump, and AID) among adult and pediatric people with T1D.

Aim 2: To determine the effectiveness of an EMR-based clinical decision support tool in reducing racial disparities in uptake of ADTs.

Intervention

A best practice advisory will be designed to automatically recommend ADT prescription to patients not on ADT using a rule-based algorithm. ADT will include CGMs, insulin pumps, and AID systems.

Cohort and Data Collection

All Non-Hispanic White, Non-Hispanic Black, and Hispanic participants aged ≥ 2 years with a diagnosis of T1D for at least 1 year receiving care at 6 participating centers will be included in the study. All data will be collected from the EMR mapped to T1DX-QI database. During the qualitative phase, we will work with the participating centers to better document ADT use, particularly AID use and the mapping of this data to the T1DX-QI mapping database.

Project Start
May 2024

Timeline

Study duration: 3 years

- **3 months start-up beginning May 2024**
- **9 months qualitative study**
- **6 months for deployment of EMR tool**
- **12 months intervention**
- **6 months analysis/publications**